

Franklin County Schools

Sick Leave Bank (SLB) Request Form

Name _____
Last First Middle
 Street/PO Box _____ City _____ State _____ Zip _____
 Telephone Number _____ email _____
 School/Work Site _____

In compliance with TCA 49-5-808 –

- **Have you been a member of the SLB for thirty (30) calendar days?** _____
Verified – Supervisor of Human Resources _____ Date _____
- **Have you exhausted all of your accumulated sick leave and all paid Board extensions?** _____
Verified – Supervisor of Human Resources _____ Date _____
- **Have you exhausted all personal leave and all paid Board extensions?** _____
Verified – Supervisor of Human Resources _____ Date _____
- **If applicable, have you exhausted all of your accumulated Vacation leave and all paid Board extensions?** _____
Verified – Supervisor of Human Resources _____ Date _____
- **Last, have you gone five (5) consecutive work days without pay?** _____
Verified – Supervisor of Human Resources _____ Date _____

A grant of days from the SLB cannot be for more than twenty (20) consecutive work days. A member of the SLB may request an additional grant of days before, or after, the initial grant expires, but the maximum number of days that a member can be granted in a fiscal year is **sixty (60) days. The maximum number of days that a member may receive as a result of one (1) illness, recurring diagnosed illness or accident is ninety (90).** A grant of days from the SLB by the Trustees of the SLB need not be repaid by the individual except as all members are uniformly assessed.

Does your request concern elective surgery? _____

Is this illness your personal illness or injury? _____

Are you receiving or do you anticipate receiving disability benefits from social security or the state retirement plan? _____ If Yes, which? _____

- **A physician’s statement verifying the nature of the illness or injury, the inability of the employee to work, and the anticipated date of return to work must accompany this SICK LEAVE REQUEST FORM.** Refusal to comply with this stipulation will result in denial of this request.

The Trustees shall act on your request (affirmatively or negatively) as soon as possible after the application is received in the Director of Schools’ office. **The decision made by the Trustees is final.** You will receive notification of the granting or denial of the requested grant of days. A grant of sick leave days may be retroactive to the date of need as determined by the Trustees. All records of the Sick Leave Bank will be maintained in Human Resources.

How many grant days are you requesting from the Sick Leave Bank? _____

 Signature of Applicant

 Date

Minutes

Date: _____

Time: _____

Trustees Present	Approved	Not Approved
1.		
2.		
3.		
4.		
5.		
6.		
7.		